

## Application Data Sheet

### Application Information

Application number:: 10/576,506  
Filing Date:: April 18, 2006  
Application Type:: Non-Provisional  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: GLYCOPEGYLATED FACTOR IX  
Attorney Docket Number:: ~~40853-5144-US1~~ 101961-5144-US1  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 27  
Small Entity?:: Yes No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl:: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Shawn  
Middle Name::  
Family Name:: DeFrees  
Name Suffix::  
City of Residence:: North Wales  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of Mailing Address:: 126 Filly Drive  
City of Mailing Address:: North Wales  
State or Province of mailing address:: PA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 19454

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: J.  
Family Name:: Bayer  
Name Suffix::  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 6105 Dirac Street  
City of Mailing Address:: San Diego  
State or Province of mailing address:: CA  
Country of mailing address:: US

Postal or Zip Code of mailing address:: 92122

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Caryn  
Middle Name::  
Family Name:: Bowe  
Name Suffix:: L.  
City of Residence:: Doylestown  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of Mailing Address:: 276 Cherry Lane 310 Maple Avenue  
City of Mailing Address:: Doylestown  
State or Province of mailing address:: PA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 18901

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Krishnasamy  
Middle Name::  
Family Name:: Panneerselvam  
Name Suffix::  
City of Residence:: Poway  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 14917 Morningside Dr.  
City of Mailing Address:: Poway  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92064

### **Correspondence Information**

Correspondence Customer Number:: 043850

### **Representative Information**

Representative Customer Number:: 043850

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Phase of	PCT/US2004/41070	12/03/04
PCT/US2004/41070	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/527,089	12/03/03
PCT/US2004/41070	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/539,387	01/26/04
PCT/US2004/41070	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/592,744	07/29/04
PCT/US2004/41070	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/614,518	09/29/04
PCT/US2004/41070	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/623,387	10/29/04

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
WO	PCT/US2004/41070	December 3, 2004

### **Assignee Information**

Assignee Name:: Novo Nordisk A/S  
Street of mailing address:: Novo Allé  
City of mailing address:: Bagsvaerd  
State or Province of mailing address::  
Country of mailing address:: Denmark  
Postal or Zip Code of mailing address:: 2880